Senate

General Assembly

File No. 351

January Session, 2007

Substitute Senate Bill No. 1197

Senate, April 5, 2007

The Committee on Human Services reported through SEN. HARRIS of the 5th Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

AN ACT CONCERNING THE TRANSITION OF CARE AND TREATMENT OF CHILDREN AND YOUTH FROM THE DEPARTMENT OF CHILDREN AND FAMILIES TO THE DEPARTMENTS OF MENTAL RETARDATION AND MENTAL HEALTH AND ADDICTION SERVICES.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

Section 1. (NEW) (*Effective October 1, 2007*) (a) The Commissioner of Children and Families shall develop and implement an interagency agreement with the Department of Mental Retardation to provide for the transition of care for children and youth who are both mentally retarded and under the supervision of the Commissioner of Children and Families. The Commissioner of Children and Families shall continue to provide such supervision for any youth eighteen years of age or older until such youth reaches age twenty-one if the youth is a full-time student, or such youth completes high school, whichever occurs first. Under the interagency agreement, the commissioner shall (1) locate and provide appropriate services to such youth, including, but not limited to, support and placements, and (2) develop a transition plan in consultation with the Department of Mental

Retardation for such youth beginning at age sixteen.

(b) The Commissioners of Children and Families and Mental Retardation shall review jointly (1) the projected number of children and youth under the supervision of the Commissioner of Children and Families who may be referred to the Department of Mental Retardation between January 1, 2008, and January 1, 2013; (2) the anticipated service needs of such children and youth; and (3) the anticipated budget implications for said departments. On or before January first each year from 2008 to 2013, inclusive, said commissioners shall submit, in accordance with section 11-4a of the general statutes, their findings and recommendations to the joint standing committee of the General Assembly having cognizance of matters relating to appropriations and the budgets of state agencies.

(c) The Commissioner of Children and Families shall develop and implement an interagency agreement with the Department of Mental Health and Addiction Services to provide for the transition of care for children and youth who are under the supervision of the Commissioner of Children and Families and who may be eligible for services from the Department of Mental Health and Addiction Services. The Commissioner of Children and Families shall continue to provide such supervision for any youth eighteen years of age or older if the youth is a full-time student in high school or in an institution of higher education. Under the interagency agreement, the Commissioner of Children and Families shall (1) send referral information for each youth who may be eligible to transfer to the Department of Mental Health and Addiction Services at least two years prior to the date of proposed transfer; (2) hold a meeting with the Department of Mental Health and Addiction Services not later than forty-five days after a youth is found eligible to transfer to the Department of Mental Health and Addiction Services for the purpose of developing a transition plan for the youth; (3) provide services for the youth recommended in the transition plan and, if such services are provided by the Department of Mental Health and Addition Services, fund such services; (4) monitor the transition plan to determine if goals are being achieved and assist

in the resolution of any problems that occur; and (5) explain to a youth, who is ineligible for services from the Department of Mental Health and Addiction Services, and the youth's parent or guardian, the procedure for review of the denial of eligibility and the right to a fair hearing in accordance with regulations adopted pursuant to subsection (u) of section 17a-451 of the general statutes, as amended by this act.

(d) The Commissioners of Children and Families and Mental Health and Addiction Services shall review jointly (1) the projected number of children under the supervision of the Commissioner of Children and Families who may be referred to the Department of Mental Health and Addiction Services between January 1, 2008, and January 1, 2013; (2) the anticipated service needs of such children; and (3) the anticipated budget implications for said departments. On or before January first each year from 2008 to 2013, inclusive, said commissioners shall submit, in accordance with section 11-4a of the general statutes, their findings and recommendations to the joint standing committee of the General Assembly having cognizance of matters relating to appropriations and the budgets of state agencies.

(e) Any youth or the parent or guardian of such youth aggrieved by the failure of the Department of Children and Families to (1) develop an appropriate transition plan in accordance with subsection (a) or subsection (c) of this section, or (2) implement such transition plan shall be provided an administrative hearing, pursuant to chapter 54 of the general statutes, not later than thirty days after a written request directed to the Commissioner of Children and Families.

Sec. 2. (NEW) (*Effective October 1, 2007*) (a) In addition to the written plan for care, treatment and permanent placement, pursuant to section 17a-15 of the general statutes, the Commissioner of Children and Families shall, not later than December 1, 2007, prepare a written plan for transition to adulthood for each child or youth fourteen years of age or older under the commissioner's supervision. Such plan shall address development of independent living, educational, social and vocational skills, as well as skills necessary to conduct activities of

daily living, to prepare the child or youth for the transition into adulthood. In developing the plan, the commissioner shall seek input from the child or youth, the parent or guardian of such child or youth and the attorney and guardian ad litem of such child or youth.

(b) For each child or youth placed under the supervision of the Commissioner of Children and Families after October 1, 2007, the commissioner shall prepare a written plan for transition to adulthood as prescribed in subsection (a) of this section as follows: (1) For a child who, at the time of his or her fourteenth birthday, is under the supervision of the commissioner, not later than thirty days after the date of such child's fourteenth birthday; and (2) for a child or youth who is placed under the supervision of the commissioner after his or her fourteenth birthday, not later than thirty days after the date that such child is placed under the supervision of the department.

(c) The commissioner shall adopt regulations, in accordance with chapter 54 of the general statutes, to establish procedures for developing plans for transition to adulthood as described in subsections (a) and (b) of this section.

Sec. 3. Section 17a-451 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2007*):

(a) The Commissioner of Mental Health and Addiction Services shall be a qualified person with a masters degree or higher in a health-related field and at least ten years' experience in hospital, health, mental health or substance abuse administration.

(b) The commissioner shall be the executive head of the Department of Mental Health and Addiction Services.

(c) The commissioner shall prepare and issue regulations for the administration and operation of the Department of Mental Health and Addiction Services, and all state-operated facilities and community programs providing care for persons with psychiatric disabilities or persons with substance abuse disabilities, or both.

(d) The commissioner shall coordinate the community programs receiving state funds with programs of state-operated facilities for the treatment of persons with psychiatric disabilities or persons with substance abuse disabilities, or both.

(e) (1) The commissioner shall collaborate and cooperate with other state agencies providing services for mentally disordered children and adults with psychiatric disabilities or persons with substance abuse disabilities, or persons with both disabilities, and shall coordinate the activities of the Department of Mental Health and Addiction Services with the activities of said agencies. (2) The commissioner shall participate in the development and implementation of an interagency agreement with the Department of Children and Families pursuant to subsection (c) of section 1 of this act, for the transition of care for children and youth who are under the supervision of the Commissioner of Children and Families. Under the interagency agreement, the commissioner shall (A) determine eligibility for each youth referred by the Department of Children and Families not later than forty-five days after the date of referral and provide written notice of such eligibility finding to each youth and the youth's parent or guardian, (B) attend a meeting with the Department of Children and Families not later than forty-five days after a youth is found eligible to transfer in order to develop a transition plan for such youth, (C) monitor implementation of the transition plan and assist in the resolution of any problems that occur, and (D) provide written notice to a youth, who is determined ineligible for services from the department following a referral from the Department of Children and Families, and to the youth's parent or guardian, with an explanation of the procedure for review of the denial of eligibility and the right to a fair hearing in accordance with regulation adopted pursuant to subsection (u) of this section.

(f) (1) The commissioner shall establish and enforce standards and policies for the care and treatment of persons with psychiatric disabilities or persons with substance abuse disabilities, or both, in public and private facilities which are consistent with other health care

standards and may make any inquiry, investigation or examination of records of such facilities as may be necessary for the purpose of investigating the occurrence of any serious injury or unexpected death involving any person who has within one year of such occurrence received services for the care and treatment of such disabilities from a state-operated facility or a community program receiving state funds. (2) The findings of any such inquiry, investigation or examination of records conducted pursuant to this subsection shall not be subject to disclosure pursuant to section 1-210, nor shall such findings be subject to discovery or introduction into evidence in any civil action arising out of such serious injury or unexpected death. (3) Except as to the finding provided in subdivision (2) of this subsection, nothing in this subsection shall be construed as restricting disclosure of the confidential communications or records upon which such findings are based, where such disclosure is otherwise provided for by law.

(g) The commissioner shall establish and direct research, training, and evaluation programs.

(h) The commissioner shall develop a state-wide plan for the development of mental health services which identifies needs and outlines procedures for meeting these needs.

(i) The commissioner shall be responsible for the coordination of all activities in the state relating to substance abuse disabilities and treatment, including activities of the Departments of Children and Families, Correction, Public Health, Social Services and Veterans' Affairs, the judicial branch and any other department or entity providing services to persons with substance abuse disabilities.

(j) The commissioner shall be responsible for developing and implementing the Connecticut comprehensive plan for prevention, treatment and reduction of alcohol and drug abuse problems to be known as the state substance abuse plan. The plan shall include state-wide, long-term planning goals and objectives and annual revisions of objectives. In the development of the substance abuse plan the commissioner shall solicit and consider the recommendations of the

subregional planning and action councils established under section 17a-671.

(k) The commissioner shall prepare a consolidated budget request for the operation of the Department of Mental Health and Addiction Services.

(l) The commissioner shall appoint professional, technical and other personnel necessary for the proper discharge of the commissioner's duties, subject to the provisions of chapter 67.

(m) The commissioner shall from time to time adjust the geographic territory to be served by the facilities and programs under the commissioner's jurisdiction.

(n) The commissioner shall specify uniform methods of keeping statistical information by public and private agencies, organizations and individuals, including a client identifier system, and collect and make available relevant statistical information, including the number of persons treated, demographic and clinical information about such persons, frequency of admission and readmission, frequency and duration of treatment, level or levels of care provided and discharge and referral information. The commissioner shall also require all facilities that provide prevention or treatment of alcohol or drug abuse or dependence that are operated or funded by the state or licensed under sections 19a-490 to 19a-503, inclusive, to implement such methods. The commissioner shall report any licensed facility that fails to report to the licensing authority. The client identifier system shall be subject to the confidentiality requirements set forth in section 17a-688 and regulations adopted thereunder.

(o) The commissioner shall establish uniform policies and procedures for collecting, standardizing, managing and evaluating data related to substance use, abuse and addiction programs administered by state agencies, state-funded community-based programs and the judicial branch, including, but not limited to: (1) The use of prevention, education, treatment and criminal justice services

related to substance use, abuse and addiction; (2) client demographic and substance use, abuse and addiction information; and (3) the quality and cost effectiveness of substance use, abuse and addiction services. The commissioner shall, in consultation with the Secretary of the Office of Policy and Management, ensure that the judicial branch, all state agencies and state-funded community-based programs with substance use, abuse and addiction programs or services comply with such policies and procedures. Notwithstanding any other provision of the general statutes concerning confidentiality, the commissioner, within available appropriations, shall establish and maintain a central repository for such substance use, abuse and addiction program and service data from the judicial branch, state agencies and state-funded community-based programs administering substance use, abuse and addiction programs and services. The central repository shall not disclose any data that reveals the personal identification of any individual. The Connecticut Alcohol and Drug Policy Council established pursuant to section 17a-667 shall have access to the central repository for aggregate analysis. The commissioner shall submit a biennial report to the General Assembly, in accordance with the provisions of section 11-4a, the Office of Policy and Management and the Connecticut Alcohol and Drug Policy Council. The report shall include, but need not be limited to, a summary of: (A) Client and patient demographic information; (B) trends and risks factors associated with alcohol and drug use, abuse and dependence; (C) effectiveness of services based on outcome measures; and (D) a state-wide cost analysis.

(p) The commissioner may contract for services to be provided for the department or by the department for the prevention of mental illness or substance abuse in persons, as well as other mental health or substance abuse services described in section 17a-478 and shall consult with providers of such services in developing methods of service delivery.

(q) (1) The commissioner may make available to municipalities, nonprofit community organizations or self help groups any services,

premises and property under the control of the Department of Mental Health and Addiction Services but shall be under no obligation to continue to make such property available in the event the department permanently vacates a facility. Such services, premises and property may be utilized by such municipalities, nonprofit community organizations or self help groups in any manner not inconsistent with the intended purposes for such services, premises and property. The Commissioner of Mental Health and Addiction Services shall submit to the Commissioner of Administrative Services any agreement for provision of services by the Department of Mental Health and Addiction Services to municipalities, nonprofit community organizations or self help groups for approval of such agreement prior to the provision of services pursuant to this subsection.

(2) The municipality, nonprofit community organization or self help group using any premises and property of the department shall be liable for any damage or injury which occurs on the premises and property and shall furnish to the Commissioner of Mental Health and Addiction Services proof of financial responsibility to satisfy claims for damages on account of any physical injury or property damage which may be suffered while the municipality, nonprofit community organization or self help group is using the premises and property of the department in such amount as the commissioner determines to be necessary. The state of Connecticut shall not be liable for any damage or injury sustained on the premises and property of the department while the premises and property are being utilized by any municipality, nonprofit community organization or self help group.

(3) The Commissioner of Mental Health and Addiction Services shall adopt regulations, in accordance with chapter 54, to carry out the provisions of this subsection. As used in this subsection, "self help group" means a group of volunteers, approved by the commissioner, who offer peer support to each other in recovering from an addiction.

(r) The commissioner shall prepare an annual report for the Governor.

(s) The commissioner shall perform all other duties which are necessary and proper for the operation of the department.

(t) The commissioner may direct clinical staff at Department of Mental Health and Addiction Services facilities or in crisis intervention programs funded by the department who are providing treatment to a patient to request disclosure, to the extent allowed under state and federal law, of the patient's record of previous treatment in order to accomplish the objectives of diagnosis, treatment or referral of the patient. If the clinical staff in possession of the requested record determines that disclosure would assist the accomplishment of the objectives of diagnosis, treatment or referral, the record may be disclosed, to the extent allowed under state and federal law, to the requesting clinical staff without patient consent. Records disclosed shall be limited to records maintained at department facilities or crisis intervention programs funded by the department. The Commissioner of Mental Health and Addiction Services shall adopt regulations in accordance with chapter 54 to administer the provisions of this subsection and to ensure maximum safeguards of patient confidentiality.

(u) The commissioner shall adopt regulations to establish a fair hearing process which provides the right to appeal final determinations of the Department of Mental Health and Addiction Services or of its grantee agencies as determined by the commissioner regarding: The nature of denial, involuntary reduction or termination of services. Such hearings shall be conducted in accordance with the provisions of chapter 54, after a person has exhausted the department's established grievance procedure. Any matter which falls within the jurisdiction of the Psychiatric Security Review Board under sections 17a-580 to 17a-603, inclusive, shall not be subject to the provisions of this section. Any person receiving services from a Department of Mental Health and Addiction Services facility or a grantee agency determined by the commissioner to be subject to this subsection and who is aggrieved by a violation of sections 17a-540 to 17a-549, inclusive, may elect to either use the procedure specified in this

subsection or file for remedies under section 17a-550.

(v) The commissioner may designate a deputy commissioner to sign any contract, agreement or settlement on behalf of the Department of Mental Health and Addiction Services.

Sec. 4. Subsection (a) of section 17a-210 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2007*):

(a) There shall be a Department of Mental Retardation. The Department of Mental Retardation, with the advice of a Council on Mental Retardation, shall be responsible for the planning, development and administration of complete, comprehensive and integrated state-wide services for persons with mental retardation and persons medically diagnosed as having Prader-Willi syndrome. The Department of Mental Retardation shall be under the supervision of a Commissioner of Mental Retardation, who shall be appointed by the Governor in accordance with the provisions of sections 4-5 to 4-8, inclusive. The Council on Mental Retardation may advise the Governor on the appointment. The commissioner shall be a person who has background, training, education or experience in administering programs for the care, training, education, treatment and custody of persons with mental retardation. The commissioner shall be responsible, with the advice of the council, for: (1) Planning and developing complete, comprehensive and integrated state-wide services for persons with mental retardation; (2) the implementation and where appropriate the funding of such services; and (3) the coordination of the efforts of the Department of Mental Retardation with those of other state departments and agencies, municipal governments and private agencies concerned with and providing services for persons with mental retardation. <u>The commissioner shall be responsible for developing and implementing an interagency agreement with the Department of Children and Families pursuant to subsection (a) of section 1 of this act, for the transition of care for children and youth under the supervision of the Commissioner of</u>

Children and Families. The commissioner shall be responsible for the administration and operation of the state training school, state mental retardation regions and all state-operated community-based residential facilities established for the diagnosis, care and training of persons with mental retardation. The commissioner shall be responsible for establishing standards, providing technical assistance and exercising the requisite supervision of all state-supported residential, day and program support services for persons with mental retardation and work activity programs operated pursuant to section 17a-226. The commissioner shall conduct or monitor investigations into allegations of abuse and neglect and file reports as requested by state agencies having statutory responsibility for the conduct and oversight of such investigations. In the event of the death of a person with mental retardation for whom the department has direct or oversight responsibility for medical care, the commissioner shall ensure that a comprehensive and timely review of the events, overall care, quality of life issues and medical care preceding such death is conducted by the department and shall, as requested, provide information and assistance to the Independent Mortality Review Board established by Executive Order No. 25 of Governor John G. Rowland. The commissioner shall report to the board and the board shall review any death: (A) Involving an allegation of abuse or neglect; (B) for which the Office of Chief Medical Examiner or local medical examiner has accepted jurisdiction; (C) in which an autopsy was performed; (D) which was sudden and unexpected; or (E) in which the commissioner's review raises questions about the appropriateness of care. The commissioner shall stimulate research by public and private agencies, institutions of higher learning and hospitals, in the interest of the elimination and amelioration of retardation and care and training of persons with mental retardation.

This act shall take effect as follows and shall amend the following sections:		
Section 1	*October 1, 2007*	New section
Sec. 2	*October 1, 2007*	New section

Sec. 3	*October 1, 2007*	17a-451
Sec. 4	*October 1, 2007*	17a-210(a)

KID *Joint Favorable C/R* HS

HS *Joint Favorable Subst.*

The following fiscal impact statement and bill analysis are prepared for the benefit of members of the General Assembly, solely for the purpose of information, summarization, and explanation, and do not represent the intent of the General Assembly or either chamber thereof for any purpose:

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Effect	FY 08 $	FY 09 $
Children & Families, Dept.	GF - Cost	Significant	Significant
Mental Health & Addiction Serv., Dept.	GF - Cost	Significant	Significant
Department of Mental Retardation	GF - None	None	None
Comptroller Misc. Accounts (Fringe Benefits)	GF - Cost	Significant	Significant

Note: GF=General Fund

Municipal Impact: None

Explanation

The Department of Children and Families (DCF) will incur significant costs to comply with provisions in this bill. These costs will be associated with identifying and initiating planning for children transitioning to the Department of Mental Health and Addiction Services (DMHAS) at age fourteen (currently done at age sixteen), monitoring transition plans for youth referred to DMHAS centrally to ensure that goals are being achieved, and developing child-specific five-year budget projections for youth referred to both DMHAS and the Department of Mental Retardation (DMR).

It is anticipated that DCF will require up to seven staff (3 Clinical Social Workers, 2 Behavioral Health Clinical Managers, 1 Secretary 2, and 1 Accountant), at an annual cost of approximately $490,000. Additionally, should the agency modify its centralized computer system to incorporate a tickler system to ensure the identification of all eligible children, an additional one-time cost of approximately $150,000 would be incurred for data processing consultant services.

It is expected that this bill, through earlier detection and referral of

DMHAS eligible individuals, will lead to increased service costs to DMHAS. Although the bill requires DCF to fund the costs of these services for those clients still under its supervision, DMHAS will incur significant ongoing services cost when these clients are no longer DCF eligible. DMHAS will further incur significant costs through an anticipated increase in administrative eligibility hearings (requiring five positions, including 3 Staff Attorneys, 1 Paralegal and 1 Administrative Assistant, for a combined annual cost of $340,000) and will need up to 6 Behavioral Health Program Managers and 1 Administrative Assistant (for a combined annual cost of $540,000) to perform additional clinical evaluations leading to eligibility determinations, and participating in transition plan meetings.

The bill will not result in an additional cost to DMR as some of its provisions concur with the current MOU between the department and DCF. The department may incur a workload increase due to the new reporting requirements. This will not result in the need for additional resources.

Fringe benefits costs associated with additional DCF and DMHAS staffing could be up to $353,460 in the first year of implementation and $824,740 in ongoing years[1].

The Out Years

The annualized ongoing fiscal impact identified above would continue into the future subject to inflation.

[1] The fringe benefit costs for state employees are budgeted centrally in the Miscellaneous Accounts administered by the Comptroller. The estimated first year fringe benefit rate for a new employee as a percentage of average salary is 25.8%, effective July 1, 2006. The first year fringe benefit costs for new positions do not include pension costs. The state's pension contribution is based upon the prior year's certification by the actuary for the State Employees Retirement System (SERS). The SERS 2006-07 fringe benefit rate is 34.4%, which when combined with the non pension fringe benefit rate totals 60.2%.

OLR Bill Analysis

sSB 1197

AN ACT CONCERNING THE TRANSITION OF CARE AND TREATMENT OF CHILDREN AND YOUTH FROM THE DEPARTMENT OF CHILDREN AND FAMILIES TO THE DEPARTMENTS OF MENTAL RETARDATION AND MENTAL HEALTH AND ADDICTION SERVICES.

SUMMARY:

This bill requires the Department of Children and Families (DCF) to prepare a written plan for transition to adulthood for each foster and voluntary services child age 14 and older. (The Voluntary Services Program is for children with serious mental health conditions who could not otherwise gain access to treatment they need.)

The bill also requires the departments of Mental Health and Addiction Services (DMHAS) and Mental Retardation (DMR) to have interagency agreements with DCF delineating each agency's responsibilities for transitioning children to the appropriate agency when they become too old to receive services through DCF ("age out"). This requirement conforms law to current practice.

The bill includes procedures, deadlines, and administrative appeals procedures. It also makes conforming changes.

EFFECTIVE DATE: October 1, 2007

DCF TRANSITION-TO-ADULTHOOD PLANS (§ 2)

By law, DCF must have a written plan for each foster child's care, treatment, and permanent placement and must review it every six months. The bill requires the department to also have written transition plans for foster and voluntary services for each child by age 14.

The transition-to-adulthood plans must address the services DCF will provide to assist the child in developing the following skills:

1. independent living;

2. educational, social, and vocational; and

3. daily living.

The bill requires DCF to seek input from the child, parents or guardians, and the child's attorney and guardian ad litem. (The latter is a person the court appoints to represent the child's best interests.)

Phase-In

By December 1, 2007 DCF must prepare transition plans for children age 14 and over who were under DCF supervision before October 1, 2007. The bill requires DCF to prepare the plan within 30 days after a child's 14th birthday when the child comes under its supervision on or after October 1, 2007. It must develop plans within 30 days after a child over age 14 comes under its supervision on or after that date.

The commissioner must establish procedures for developing these plans by regulation.

DCF-DMHAS AGREEMENTS (§§ 1 & 3)

The bill requires DCF and DMHAS to develop and implement an agreement to provide for the transition of foster and voluntary services children who appear to be eligible for DMHAS services after they age out of DCF. By law, DMHAS provides services to people at least 18 years of age whose diagnosis is listed in the fourth edition of the American Psychiatric Association's Diagnostic and Statistical Manual.

The bill requires DCF to provide services beyond a child's 18th birthday as long as the child is a full-time student in high school or an institution of higher education. Current DCF guidelines end services for foster children when they reach age 23 and cover post-secondary education other than colleges (e.g., vocational and technical schools).

The interagency agreement must require DCF to send DMHAS referral information at least two years before the proposed transfer date. In practice, this must occur for these children when a child reaches age 16, since the department cannot predict which children will qualify for extended services. DMHAS must notify the youth and parents or guardians in writing if it determines the child is eligible.

The departments must meet within 45 days after DMHAS determines that a referred child is eligible for its services. The meeting's purpose is to develop a plan to transfer the child from DCF to DMHAS at the appropriate time.

DCF must provide the child with the services the transition plan recommends. It must pay DMHAS for transition services that department provides. The bill requires both agencies to monitor the plan's implementation to determine whether its goals are being met and assist in resolving any problems.

Any youth, parent, or guardian may file an administrative appeal with the DCF commissioner claiming that the department failed to develop or implement a transition plan.

DMHAS Service Denials

When DMHAS finds a child ineligible for services, it must notify the child and parents or guardians in writing. The notice must explain why the decision was made and how to file an administrative appeal. The bill directs DMHAS to adopt regulations governing these appeals.

The bill requires DCF to give families the same information, but it need not do so in writing.

DCF-DMR AGREEMENTS (§§ 1 & 4)

The bill requires the interagency agreement between DCF and DMR to provide transition procedures for children with mental retardation who are aging out of DCF's supervision. It must require the DCF commissioner to locate and provide appropriate services until the child (1) reaches age 18 or (2) if attending school full-time, graduates

from high school or reaches age 21, whichever occurs first.

PROJECTIONS FOR FUTURE NEEDS (§ 1)

The bill requires DCF and DMHAS jointly to estimate:

1. how many foster and voluntary services children DCF will refer to DMHAS between January 1, 2008 and January 1, 2013,
2. what services the children will need, and
3. agency budget implications.

They must file annual reports and recommendations with the Appropriations Committee each January 1 through 2013.

The bill also requires DCF and DMR to estimate and submit the same information to the Appropriations Committee under the same timeframe described above.

COMMITTEE ACTION

Select Committee on Children

Joint Favorable Change of Reference
Yea 6 Nay 3 (03/06/2007)

Human Services Committee

Joint Favorable Substitute
Yea 14 Nay 5 (03/22/2007)